

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0004121000 F	ile Number: 0000136930	Submit Date: 02/24/	2021 Call Sign: KZLO	Facility ID: 34602 City:
KILGORE State: TX				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 02/24/2021	Filing Status: Active

General	Section	Question	Response
Information	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	KZLO (34602) EEO filing for Texas License Renewal 2021
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Questions

Applicant	Address	Phone	Email	Applicant Type
EDUCATIONAL MEDIA FOUNDATION Doing Business As: EDUCATIONAL MEDIA FOUNDATION	DEVONA PORTER 5700 WEST OAKS BLVD. ROCKLIN, CA 95765 United States	+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM	NFP

Contact Representatives	Contact Name	Address		Phone	Email	Contact Type
	MARY O'CONNOR WILKINSON BARKER KNAUER, LLP	MARY O'CONNOR 1800 M. STREET, N.W., SUITE 800N WASHINGTON, DC 20036 United States		+1 (202) 383-3351	MOCONNOR@WBKLAW.COM	Legal Representative
	JAMES TRAVIS EDUCATIONAL MEDIA FOUNDATION	JAMES L TRAV 5700 W. OAKS ROCKLIN, CA United States	BLVD	+1 (916) 251-1600	EFILE@EMFBROADCASTING. COM	Technical Representative
Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreemen	t
Stations	34602	KZLO	KILGORE	ТХ	No	
Program Report	Section	Question			Response	

eport	Section	Question	Response
	Discrimination Complaints	Have any pending or resolved complaints been filed during	No
		this license term before any body having competent	
		jurisdiction under federal, state, territorial or local law,	
		alleging unlawful discrimination in the employment practices	
		of the station(s)?	

	Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes			
Certification	Question		Re	esponse		
	trustee, authorized employe behalf of the party filing the R. Section 1.23(a), who is a she has read the document	The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay				
	Certified Date	Certified Date				
	Certified Title		C	EO		
	Authorized Party Name			on /illiam eeves		

Attachments